

ISSUE SLIP STAPLE AREA (for additional cross references)

34/53
10973 U.S. PTO

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		59	441
FORMALITY REVIEW	T/H A-M	953	04-17-01

INDEX OF CLAIMS

✓ Rejected
 = Allowed
 - (Through numeral) Canceled
 + Restricted
 N Non-elected
 I Interference
 A Appeal
 O Objected

BEST AVAILABLE COPY

Claim	Date
Final Original	
1	✓
2	✓
3	✓
4	✓
5	✓
6	✓
7	✓
8	✓
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10	✓
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Claim	Date
Final Original	
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Claim	Date
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If more than 150 claims or 10 actions
 staple additional sheet here

(LEFT INSIDE)

C.C.
 04-17-01